



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Minneapolis VA Health Care System

Minneapolis VA Health Care System Occupational Therapy

Hand Therapy Fellowship Program Application

Minneapolis VA Medical Center

1 Veteran Drive, Minneapolis, Minnesota 55417

612-413-7885

[www.va.gov/minneapolis-health-care](http://www.va.gov/minneapolis-health-care)

**APPLICATION PROCEDURES:**

Instructions: All applicants are required to submit an application. The following documents should be completed.

- o Applicant Information: Pages 1-3 of this document completed with applicant's signature
- o Personal Statement
- o Current Curriculum Vitae
- o At least 3 Letters of Recommendation (mailed to the address below)
- o VHA HPT Application vha-10-2850d [10-2850d \(va.gov\)](http://10-2850d.va.gov)

**APPLICANT REQUIREMENTS:**

- o U.S. Citizen
- o Graduate of an accredited occupational therapy program
- o Passed the NBCOT Board examination
- o Maintain a current CPR certification through the American Heart Association
- o Completed application form including resume/curriculum vitae
- o 3 letters of recommendations from individuals who can speak to their clinical skills
- o State of Minnesota license
- o Evidence of upper extremity rehabilitation interest and pursuit of additional training/experiences in this area
- o Not be on probation or under a learning contract at their current facility or program

Upon review of application, select applicants will be chosen for an interview.

## APPLICANT INFORMATION

Legal Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Current Address: From \_\_\_\_\_ To \_\_\_\_\_  
mm/yyyy mm/yyyy

Number and street Apt. City State Zip Code

Permanent home address: \_\_\_\_\_  
Number and Street Apt. City State Zip Code

Permanent Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Person to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Day phone: \_\_\_\_\_

Address: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Have you ever applied to this program before? ☐ Yes ☐ No When? \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic violation)? ☐ Yes ☐ No

If yes, give details in attached statement.

### EDUCATIONAL BACKGROUND:

What is your highest academic degree? \_\_\_\_\_

Are you currently licensed to practice occupational therapy in the State of Minnesota?

☐ Yes; License # \_\_\_\_\_

☐ No If not, are you eligible for licensure in the State of Minnesota? ☐ Yes ☐ No

### COLLEGES/UNIVERSITIES ATTENDED:

Name of Colleges Attended Year(s) Attended

NAMES OF COLLEGES ATTENDED	Years Attended	Degree/Certificate	Major	GPA	Graduation Date

Awards/Achievements: \_\_\_\_\_

Have you ever been placed on probation or dismissed from a college or university?

☐ Yes ☐ No If so, describe details

\_\_\_\_\_  
\_\_\_\_\_

## WORK EXPERIENCE:

List the three most recent OT-related positions you have held:

\*Preferred requirements include at least 1 year of clinical experience. If you are a new graduate, please list relevant physical rehabilitation clinical fieldworks/experiences.

Position (Title)	Employer	Dates

Professional Association Memberships:

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## PERSONAL STATEMENT:

The personal statement should be a two-page double-spaced reflection on your interest and potential contribution to the Minneapolis VA Medical Center Hand Therapy Fellowship Program. Consider the following questions in developing your response:

- o Question #1: What are your goals for participation in a hand therapy fellowship program?
- o Question #2: Describe how you have demonstrated leadership in the past and how your participation in a fellowship program will enable you to become a leader in the field of upper extremity rehabilitation.
- o Question #3 Submit a case study from your clinical experience that:
  - ◆ Describes your approach and critical thinking process when evaluating new patients.
  - ◆ Implements your clinical reasoning to apply the comprehensive exam in designing an appropriate treatment plan.
  - ◆ Deduces a discharge plan through the treatment process.

**CURRICULUM VITAE:** Please attach a current copy of your professional resume.

**LETTERS OF RECOMMENDATION:** Three (3) letters of recommendation are required. The letters of recommendation should be in a sealed envelope (with the referee's signature on the seal) and sent with the Fellowship Application packet. ***We strongly suggest individuals who are able to comment on your academic and your clinical practice and research capabilities or potentials.***

I certify that the information on the application information is correct to the best of my knowledge.

Signature of Applicant:

Date: \_\_\_\_\_

**Due between April 1-May 1, 2022 for the 2022-2023 Program**

Virtual interviews: (Finalists only- you will be notified early May after applications are processed and reviewed). An In-person interview may be requested by candidates offered a position or the by the Fellowship Program prior to a commitment to the program.

- Start Date for Submission of Applications: April 1, 2022
  - Application Deadline: May 1, 2022
    - Interview Days: Mid May
    - Notification Date: June 1, 2022
  - Notification of Acceptance: June 10, 2022
- Fellowship Start Date: September 12th, 2022
- Fellowship End Date: September 15th, 2023

**Mail together completed application, personal statement and letters of recommendation in one envelope to the following address:**

Minneapolis VA Medical Center  
Attn: Fellowship Coordinator  
1 Veterans Drive, MAILCODE 117C  
Minneapolis, Minnesota 55417

Should you have any questions please contact Laurie Humiston at [laurie.humiston@va.gov](mailto:laurie.humiston@va.gov)  
or 612-413-7885.

*Minneapolis VA Medical Center is committed to the principle of equal opportunity. MVAHCS does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, veteran or refugee status, ancestry, or national ethnic origin in the administration of its fellowship opportunities.*